

| | |
|---|-----------------------|
| Fill in this information to identify your case: | |
| Debtor 1 | Marsha N Chery |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA | |
| Case number (If known) | 19-40589 |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- Employed
 Not employed

Debtor 2 or non-filing spouse

- Employed
 Not employed

Occupation**Disabled****Truck driver****Employer's name****Disabled VA****SCM Intermodal Inc****Employer's address****Direct Pay****How long employed there?****1.5 mths****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 0.00 | \$ 15,747.98 |
| 3. Estimate and list monthly overtime pay. | 3. +\$ 0.00 | +\$ 164.23 |
| 4. Calculate gross Income. Add line 2 + line 3. | 4. \$ 0.00 | \$ 15,912.21 |

Debtor 1 **Marsha N Chery**

Case number (if known)

19-40589

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|----------------------------|--|
| Copy line 4 here | 4. \$ 0.00 | \$ 15,912.21 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ 0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 0.00 | \$ 0.00 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: Comdata Fuel | 5h.+ \$ 0.00 + \$ 1,198.17 | \$ 1,198.17 |
| Comdata Fuel | \$ 0.00 | \$ 1,198.17 |
| Comdata Fuel | \$ 0.00 | \$ 2,307.50 |
| Truck repair- pro rated | \$ 0.00 | \$ 3,900.00 |
| Comdata Load Fee | \$ 0.00 | \$ 19.50 |
| Bobtail Insurance | \$ 0.00 | \$ 35.01 |
| Physical Damage Insur | \$ 0.00 | \$ 246.26 |
| Supplemental | \$ 0.00 | \$ 65.00 |
| OCC/ACC Insur | \$ 0.00 | \$ 130.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 0.00 | \$ 9,099.61 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ 6,812.60 |

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.
- 8b. Interest and dividends
- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.
- 8d. Unemployment compensation
- 8e. Social Security
- 8f. Other government assistance that you regularly receive
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
Specify: **VA Disability**
- 8g. Pension or retirement income
- 8h. Other monthly income. Specify: **618 Hampton St Rental Income**
3017 Meadowbrook Dr Rental Income

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

| | |
|-------------|---------|
| 8a. \$ 0.00 | \$ 0.00 |
| 8b. \$ 0.00 | \$ 0.00 |

| | |
|-------------|---------|
| 8c. \$ 0.00 | \$ 0.00 |
| 8d. \$ 0.00 | \$ 0.00 |
| 8e. \$ 0.00 | \$ 0.00 |

| | |
|------------------------------|---------|
| 8f. \$ 3,450.32 | \$ 0.00 |
| 8g. \$ 0.00 | \$ 0.00 |
| 8h.+ \$ 900.00 + \$ 1,404.00 | \$ 0.00 |

| | |
|----------------|---------|
| 9. \$ 5,754.32 | \$ 0.00 |
|----------------|---------|

10. Calculate monthly income. Add line 7 + line 9.

| | |
|-------------------------------|----------------|
| 10. \$ 5,754.32 + \$ 6,812.60 | = \$ 12,566.92 |
|-------------------------------|----------------|

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in **Schedule J**.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in **Schedule J**.
Specify: _____

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 12,566.92

Combined monthly income

Debtor 1 **Marsha N Chery**

Case number (if known) **19-40589**

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

Debtor's spouse has only been with current company 1.5 months with weekly income of approx. \$3588.28, was with previous employer 1 yr making approx \$1100 weekly.

Fill in this information to identify your case:

| | |
|---|-------------------------------------|
| Debtor 1 | Marsha N Chery |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF GEORGIA |
| Case number (If known) | 19-40589 |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

| Do not list Debtor 1 and Debtor 2. | <input checked="" type="checkbox"/> Yes. | Fill out this information for each dependent..... | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|------------------------------------|--|---|--|-----------------|---|
| Do not state the dependents names. | | | daughter | 14 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | daughter | 18 | |
| | | | daughter | 20 | |

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

| Your expenses | |
|---------------|-----------------|
| 4. \$ | 1,275.00 |

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|---------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 0.00 |
| 4c. \$ | 100.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 **Marsha N Chery**Case number (if known) **19-40589**

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ 336.90 |
| | 6b. Water, sewer, garbage collection | 6b. \$ 110.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 0.00 |
| | 6d. Other. Specify: Cell Phone | 6d. \$ 220.00 |
| | Lawncare | \$ 60.00 |
| | Pestcontrol | \$ 20.00 |
| 7. Food and housekeeping supplies | 7. \$ 984.00 | |
| 8. Childcare and children's education costs | 8. \$ 190.00 | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 180.00 | |
| 10. Personal care products and services | 10. \$ 282.00 | |
| 11. Medical and dental expenses | 11. \$ 110.00 | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 490.00 | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 0.00 | |
| 14. Charitable contributions and religious donations | 14. \$ 1,000.00 | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ 0.00 | |
| 15b. Health insurance | 15b. \$ 308.05 | |
| 15c. Vehicle insurance | 15c. \$ 498.00 | |
| 15d. Other insurance. Specify: | 15d. \$ 0.00 | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. \$ 0.00 | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ 0.00 | |
| 17b. Car payments for Vehicle 2 | 17b. \$ 0.00 | |
| 17c. Other. Specify: Spouse's 18Wheeler Pmts | 17c. \$ 1,400.00 | |
| 17d. Other. Specify: Mortgage on 618 Hampton St Hinesville | 17d. \$ 785.00 | |
| | \$ 1,438.12 | |
| | \$ 520.00 | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 | |
| 19. Other payments you make to support others who do not live with you. Specify: | 19. \$ 0.00 | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ 0.00 | |
| 20b. Real estate taxes | 20b. \$ 0.00 | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 200.00 | |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 | |
| 21. Other: Specify: Spouse's work tools & supplies | 21. +\$ 75.00 | |
| Spouse's work truck maintenance & parts | +\$ 300.00 | |
| repairs, vacancies rentals | +\$ 200.00 | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ 11,082.07 | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ 11,082.07 | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ 12,566.92 | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ 11,082.07 | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ 1,484.85 | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|-------------|-----------|
| Debtor 1 | Marsha N Chery | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF GEORGIA | | |
| Case number (if known) | 19-40589 | | |

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Marsha N Chery

Marsha N Chery

Signature of Debtor 1

Date May 10, 2021

X

Signature of Debtor 2

Date _____

**United States Bankruptcy Court
Southern District of Georgia**

In re Marsha N Chery

Debtor(s)

Case No. **19-40589**
Chapter **13**

CERTIFICATE OF SERVICE

I hereby certify that on May 10, 2021, a copy of Amended Schedules I & J was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

Chapter 13 Trustee
O. Byron Meredith, III

/s/ John E. Pytte
John E. Pytte 590555
John Pytte
P.O. BOX 949
Hinesville, GA 31310
912-369-3569Fax:912-367-3579
johnpytte@jpytte.com